

## NOTES ON SPANISH ASYLUMS FOR THE INSANE.

By E. C. SEGUIN, M.D.

BEING in Spain during several weeks of the past winter (1882-3), and having occasion to pass through the cities having the majority of the insane, it occurred to me that it would be interesting to visit all accessible institutions, and take short notes of their condition.

Wherever I attempted to carry out this intention I was received by physicians and other officials with even more than the proverbial courtesy of Spaniards. In every institution every thing was done to render my visit advantageous and agreeable, and I shall retain a pleasant recollection of my transient relations with these gentlemen.

In several institutions I was shown every thing at once upon my (unexpected) arrival; and nowhere did I detect a desire to avoid the critical observation of a stranger, or attempts to lead me past certain wards or places.

It is proper to add that if evidences of a knowledge of insanity appeared only here and there, in a minority of the medical men, there was also a promising disposition to admit the backwardness of the speciality in Spain; and in several cities the physicians expressed themselves in strong terms against the neglect of the insane by the local authorities.

I purpose using my material as follows :

1. Giving a brief account of each institution visited, from notes taken at the time. In this I follow the order in which I visited the various cities.
2. Reproducing some of the scanty and nearly useless Spanish statistics of insanity.
3. Expressing truthfully and as courteously as possible the opinions I formed as to the care and treatment of the insane I saw.
4. Lastly, considering what means might be resorted to for rapid improvement.

#### MEMORANDA OF VISITS.

ASYLUMS NEAR MADRID.—Entering Spain by way of San Sebastian, and stopping one day at Burgos, I was deterred, chiefly by the extreme unpleasantness of the season (end of December, 1882), from seeing Valladolid and Salamanca, thus missing two important asylums. Near Madrid are three institutions, two private; one of the private I failed to visit.

I. The government asylum at Legañes, known as “*casa de dementes de Santa Isabel*.” This is the only institution in Spain controlled by the general government; it was founded in 1852. It is situated in a suburb of Madrid, fourteen kilometres (about eight miles) on a line of tramway which extends out of the city by the gate and bridge of Toledo. The buildings are very plain, but neat. They have the radical fault of being too small, and especially of being devoid of large airing courts. Sisters of Charity are in charge of all the departments, and one of them, a very intelligent and bright woman, showed me about. A visiting physician sees the inmates every morning, and often in the early evening. I did not have the advantage of meeting this gentleman, and so failed to obtain any purely medical information.

Both private and pauper patients are received ; the latter are clad in uniform and sleep in large dormitories. I found them badly crowded in small day-rooms and courts—all idle. Private patients of the first-class have the use of two rooms ; second-class patients of one. The clothes- and linen-rooms were models of neatness, and showed even artistic taste in arrangement of contents. The good Sisters were also proud of their kitchen department, where a smiling Sister, nearly as broad as she was high, was superintending the production of dinner. A complex and showy hydrotherapeutic room, with marble tubs, douches, and jets of all varieties, supplied with an abundance of hot and cold water, was shown me. It was stated that during most of the year this was much used, partly for hygiene and partly for treatment. Per contra there were no evident means of employing or amusing the patients.

There are about two hundred (200) inmates, two thirds of whom were males.

Out of this number there was only one in restraint ; a noisy female patient who had on an ordinary camisole. As well as I could understand, the Sister said that they use as little restraint as possible. I looked sharply for hæmatoma auris but saw none.

II. Private asylum at Carabanchel, owned and managed by Doctor J. M. Esquerdo, who is considered one of the most eminent alienists of Spain. Most unfortunately, during my stay in Madrid he was away visiting his winter establishment at Alicante. Judging by the excellence of several pamphlets of his that were given to me, I feel sure that I thus missed most instructive conversations. I was received by his nephew, Dr. Santiago Esquerdo, who is resident physician and executive officer of the asylum.

The institution (opened in 1877) is situated in the village of Carabanchel, about three miles out of Madrid, on the

same line of tramway as that which leads out to Legañas. Here, in rather small grounds, is a series of one-story buildings arranged to form a double square; one square for men, another for women. Each side of the house has its own gardens and yards ("patios," very much as exist in the ordinary houses of South Spain). The quarters for the various classes of patients are different. First-class patients, who pay \$100 per month, have a parlor, bedroom, and two alcoves, in one of which the attendant sleeps. Those suites are furnished in red, yellow, blue, etc., and open directly upon comfortable piazzas and gardens. Second-class patients, paying \$60 per month, and third-class ones, paying only \$25 per month, have each one and two rooms, variously though plainly furnished. All the rooms I saw were clean and well-lighted, but heavily barred and locked. On the female side there is a piano in a common parlor, and on the men's side a smoking-room and a billiard-room. The buildings, originally cheap, were out of repair; the walls, floors, etc., need patching and painting. The beds and linen were good.

The female patients have a dining-room for each class; but a number of them eat alone. All the male patients who are able to be about, the majority, eat simultaneously in a long and not over cheerful dining-room. As I dined there, perhaps it would be interesting to relate what I saw. There were three tables, one on a slightly raised dais for the first-class patients and the medical officers; two others on one level occupied by second- and third-class patients. I sat at the raised table with six patients, Dr. Esquerdo, Jr., and two assistant physicians. The dishes and qualities of wine were different for the three tables, but the same bread was served out to all. The food was true Spanish, but good; indeed at our table we had quite a series of courses and a complicated dessert (extra because of Sunday); the

red wine was substantial and strong, tasting a little of the classic skins of Spain. The service at our table was well and very quickly done by a small boy in uniform. He, and an attendant at each of the other tables, knew just how much wine to give to patients, and needed no supervision. My impression is that each patient's glass, holding perhaps two ounces, was filled three times. Coffee and cigars came after the dessert for first-class patients; the others had already begun to smoke cigarettes. Quite a number of second- and third-class patients were chatting among themselves; others went off quietly to their rooms. At our table all behaved perfectly, and were as polite as well-bred Spaniards invariably are. I was much pleased at thus seeing how comfortable the patients were in one way, and on what a footing of friendly equality they were with the medical officers.

There are about sixty (60) inmates, of whom one-third (21-25) are females.

I was shown several cases of general paralysis, one in a stage of depression. There was an unmistakable female case of this disease, with the well-known physical and psychic symptoms. A number of epileptics in the house. No hæmatoma auris seen.

Dr. S. Esquerdo, no doubt reflecting his uncle's opinions, expressed great admiration for non-restraint, but had a doubt as to its absolute application. He asserted that they used the camisole and restraint in bed very rarely. He showed me a padded room, large and well-lighted, but it was not thoroughly matted. On the day of my visit there was only one patient under restraint,—a violent, biting woman with a camisole.

Dr. Esquerdo, Sr., has translated Guislain's classic "*Leçons*," and is now actively engaged in securing legislation to protect insane criminals, especially those not insane in an

evident way. I very much regret not having had the advantage of hearing his opinion and views on the administrative and medical questions involved in asylum management.

III. Insane wards of the Provincial Hospital of Madrid. This large and venerable institution, nearly two hundred years old, has a number of rooms in its half-basement for the temporary (?) reception of insane patients, prior to their transfer to Legañez. These rooms were dismal and crowded. I am sure many cases of dementia and epilepsy are here permanently, in vary bad quarters. The physician of these wards not being present at the time of my visit, I obtained no medical information. Restraint seemed freely used.

ZARAGOZA.—The insane of this city, and of nearly all Aragon, are crowded into the Provincial Asylum, or, more properly, the insane department of the Provincial Hospital. A new, modern asylum is being constructed out in the country.

IV. The Provincial Asylum (or Manicomio) of Zaragoza is one of the oldest in Europe, having been founded in 1425, or only sixteen years after the first of Spain's remarkable series of charity foundations in the fifteenth century.<sup>1</sup> It was, for a long time, one of the model institutions of Europe, praised by Pinel, Fodéré, and other writers on insanity. In August, 1808, during the celebrated siege by the French, the entire hospital was burned. New buildings were soon erected in another part of the city, one for general hospital purposes, the other as an asylum, in the same grounds. I was shown through by Dr. Vicente Almenara, the physician-in-chief. He is in reality a visiting physician; but several internes reside in the institution.

Rooms for single patients are numerous, but there are

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<sup>1</sup> Asylum of Valencia, 1409.

also dormitories for large numbers of patients. All the rooms are very gloomy, ill-ventilated, and with heavily-barred small windows. A wing accommodates some thirty epileptics. Paralytics (ordinary ones, I mean) are numerous (received for dementia?). Dr. Almenara condemned the building in strong terms, and expressed the hope that some of the pavilions of the new asylum would before long be ready for occupation.

There are here four hundred and thirty patients (430); proportion of sexes not obtained.

In 1846 there were two hundred and forty-two inmates; in 1852 there were two hundred and seventy-three, and the same number in 1859.<sup>1</sup> In 1880 the number had increased to three hundred and ninety-eight.<sup>2</sup>

Owing to the fact that none of the physicians spoke French, I was unable to obtain any purely medical data. It was, however, evident that the recognition of general paralysis was not the rule.

Restraint is little used; I saw none. Dr. Almenara assured me that, from time immemorial, with members of religious orders in charge of patients, kind treatment had been the rule. Noisy and violent patients are isolated in small rooms which are ill-lighted and wretched, but not filthy as described by Dr. Desmaisons<sup>3</sup> in 1859. Patients are never tied in chairs.

V. The new asylum. A private citizen gave a large piece of ground a short distance out of the city for this purpose, and the provincial authorities not long after voted a credit of a large sum, for Spain, viz.: twelve million reales, or about \$600,000. It is said that careful studies were made prior to the adoption of a plan. One pavilion of the new manicomio is finished and nearly ready for occupation.

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<sup>1</sup> Desmaisons, "Das asiles d'aliénés en Espagne," p. 82, Paris, 1859.

<sup>2</sup> Official Report of Señor D. Castor Ybanez de Aldecoa, 1880.

<sup>3</sup> *Op. cit.*, p. 79.

It is a quadrilateral building of three stories, very much like a wing of an ordinary hospital; only the entrances are in the centre instead of at the ends. The lower floor contains dining- and day-rooms; the other floors are for general dormitories. Large windows open on either side and direct ventilation is thus obtained; ventilating apertures have also been made in the walls. The windows are lightly and pleasantly barred. The attendants' rooms are in the centre of each floor (except the first), and have one window opening into the dormitories at either end, to secure free supervision of patients. There are no rooms for single patients. There is a bath-room in the building. Each pavilion is intended to accommodate one hundred patients; each will have its own large airing-court, and the ground-floor next the court opens upon a large, well-protected piazza, or walk. The workmanship was good.

It is intended to erect eight of these pavilions, and the necessary building for executive purposes. A medical director with full authority will probably be appointed.

If this plan is well carried out, it will give Zaragoza the best public asylum in Spain, and restore to it some of its old philanthropic prestige.

Dr. Don Joachim Gimeno, Professor of General Pathology in the University, drove me out to the new asylum, and showed me every courtesy.

BARCELONA.—In this prosperous and progressive city there are three private institutions for the care of the insane, and a part of the general Provincial Hospital is also set apart for them.

VI. The Provincial Hospital, Santa Cruz, within the city, was erected more than two centuries ago, and is, consequently, very defective. In its insane department some changes have been made, but the day-rooms and "cells" are dismal; many still retain the original low-arched ceilings.



All are, however, clean. There are no grounds for the exercise of patients, only small inner courts.

The visiting physician is Dr. Pi y Molist, a gentleman who has held the position for nearly twenty years, and is one of the corresponding members of the Société Médico-Psychologique of Paris.

He has about three hundred patients under his care, more than half of whom are males. In 1855 it contained two hundred and two insane, of whom one hundred and nine were males, and ninety-three females.<sup>1</sup>

There are very few simple acute cases, mostly chronic demented and epileptics, no female case of general paralysis. Saw one hæmatoma auris in a male patient having chronic mania.

The doctor considers general paralysis as not very frequent. Between Dr. Esquerdo's estimate of 8 to 10 %, and Dr. Mendez' (*vide infra*) 20 %, he would keep nearer the former figures. Can recall only two or three female paretics in his long experience.

There are no malarial or typhoid fevers, and very little phthisis among the patients. No clinics are held, which is all the more surprising, as students daily crowd the hospital to receive clinical instruction in other branches. The doctor was evidently deeply sensible of the defects of the building, and lamented the lack of occupation for the patients.

Restraint. In the last century and during the first part of this one, patients here were chained, and some wore iron collars. None of these contrivances have been preserved as relics. I saw one chain in use, however: a patient lay in bed with leather manacles and ankle-rings, and a cloth tightly bound across his chest; the two ankle-rings were connected by a short strap, and this in turn was fastened to the foot of the bed by a chain. Patients are not, however, fastened in chairs, and "cribs" are unknown.

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<sup>1</sup> Pi y Molist, cited by Desmaisons, *op. cit.*, p. 98.

VII. Manicomio of Nueva Bethlen. This private institution, opened in 1857, is owned by its medical director, Dr. Juan Giné y Partagas. It is admirably situated, just beyond the suburb of San Gervasio, on a rise of ground terminating in a large hill. The grounds are quite extensive and the gardens very fine. Camelias and roses were in bloom, and oranges dotted the trees at the time of my visit (January 7th). From the house, one has a beautiful view of Barcelona, of the hill and fortress of Monguid, and beyond, of a great stretch of the calm, blue, inland sea. In the absence of Dr. Giné, I was courteously shown about by the chaplain, a clever young priest who spoke French. The buildings face southeast, and are protected from east winds by the hill referred to.

The first-class patients, paying thirty-six dollars per month, have each a very neat, comfortable room. Some of these chambers open directly upon a pleasant garden, others on "patios" (courts) which are neat and comfortable. Second-class patients (twenty-five dollars per month) sleep two in a room; and third-class patients (eighteen dollars per month) are three in one room. The dining-rooms are common for all classes, seated at different tables, however. On the male side, the resident physician, Dr. Ribas, and often Dr. Giné himself, sit at the head of the first table; the chaplain at the second. This room is decorated and cheerful. Noisy and violent patients are in small, dark, but well-ventilated rooms in a sort of wing, all opening upon a "patio." There are parlors, a billiard-room, and a sort of gymnasium in a court. The female side of the house is like the male, except that the parlors are more pleasant.

The men have boy attendants, the women are taken care of by Sisters of the Order of St. Vincent de Paul, but are also allowed boy attendants if desired.

The patients of both sexes had really free access to

the gardens, with apparently little supervision (they were watched, however). The majority of them go to chapel twice a day, from choice (and for lack of any thing to do?).

I met Dr. Galceran, who holds the position of consulting physician. He considers that from two to four per cent. of all the cases received at Nueva Bethlen are paretics. In a long time only one female case has been observed. He claims that they have *cured* two cases of this disease; one of them has now been well four years; his improvement accompanied and followed a severe attack of pneumonia. General paralysis is rare in Spain because there is less alcoholism.

Through some inadvertence I failed to learn the number of inmates. In 1880,<sup>1</sup> there were 102 patients: 59 males and 43 females.

Restraint is employed, though sparingly.<sup>2</sup> Camisoles and leather muffs are used; some patients are tied in their beds while camisoled. No case of hæmatoma. Everywhere I saw evidences of humane treatment and of personal kindness.

I called on Dr. Giné the same evening, and again in a few days. He is Professor of Clinical Surgery in the Medical Department of the University, and author of quite a number of medical text-books; one of them, a volume of six hundred pages, entitled "*Tratado teoretico—practico de Frenopathologia*." He speaks French well, and his opinions had all the clearness and force which come from large personal experience. I greatly enjoyed these conversations, and highly appreciated the courtesy of his reception. The following are the main points of his remarks:—

General paralysis has greatly increased in Spain during the last fifteen years. This is owing partly to the greater

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<sup>1</sup> Official Report.

<sup>2</sup> In the Official Report cited, the management is claimed as on "non-restraint principles."

abuse of alcoholic liquors (alcoholism a predisposing cause), but also because of the increased severity of the struggle for existence. He does not believe that sexual excesses are a frequent cause of the disease. Syphilitic general paralysis (or a condition resembling it) he considers very grave—has never known it to get well. On the other hand, he has notes of four or five cures of the non-syphilitic form of paresis; some of these have been published in his journal, *Revista Frenopática Barcelonesa*. Dr. Galceran's two cases are probably included in these. The melancholic and hypochondriacal forms or styles of general paralysis, so frequent in France, are here very rare. Formerly, most of the acute cases were simple ones of mania and religious melancholia, allowing of many cures.

As regards restraint, Dr. Giné is quite advanced. He has great admiration for Conolly and Charlesworth, and thinks "non-restraint" is an ideal to be always aimed at. Still, in practice he finds some cases requiring mechanical restraint; and he sanctions the use of camisoles, soft wristlets, belts, and muffs. He thinks that manual contention by attendants causes much more irritation to the patient, and tends to give rise to a feeling of rancor or hatred toward the nurses.

VIII. Asylum of San Baudilio de Llobregat, usually called "San Boy," founded in 1854. Permission to inspect this large and important private institution was readily obtained by means of a card of introduction to Señor Don Roman Rodriguez de Lacin, the President of the Board of Trustees. I was received with genuine Spanish courtesy, and indeed Señor Rodriguez insisted upon going with me to the asylum. Accordingly, on the morning of January 9th, we drove out in company with two other members of the Board of Trustees, young gentlemen who appeared interested in the work.

San Boy is at a distance of about nine kilometres (nearly five miles) from Barcelona, near the line of railway between that city and Valencia. It is also possible to go to the asylum by taking a train as far as the hamlet of San Baudilio, about a mile from the house. The property is quite large, but is unfavorably situated in a low valley near the bank of a wretched, muddy stream called the Llobregat, which often overflows a large piece of bottom-land, and occasionally cuts off communication. I might here state that I was shown one case of remittent fever in the infirmary. The view from the house is limited to the garden and some distant mountains.

The grounds and gardens are extensive and well laid out; they must be very pleasant at the favorable seasons of the year. Some farming is done by poor patients.

The buildings, as in some other institutions visited, are of two stories. As a rule, the upper floor is used by night, and in the daytime the patients are on the ground-floor and out-of-doors, in the garden, or in large "patios." The various dining-rooms, billiard and reading-rooms are on the ground-floor, as are also some of the apartments for first-class patients. Around the "patios" or courts are the well-sheltered piazzas so common in Spain. The rooms for private patients of these classes are very much like those at Nueva Belen, but less handsomely furnished. In the second and third classes, from two to four patients sleep in one room, with an attendant. The dormitories for poor patients contain from ten to thirty beds. The tiled floors were absolutely clean, and the pillows and sheets white. All the sleeping-rooms, with the exception of one or two occupied by filthy patients, were remarkably sweet and clean. The beds were doubtless too close together, but it must be borne in mind that they are used only in sleeping hours, and that their direct ventilation by windows and doors is enforced. The quarters for vio-

lent and wholly demented patients were very dark and small.

Before leaving the subject of the building it may be well to state, that in the entrance court is a fine marble statue of Brierre de Boismont, erected by Dr. Antonio Pujadas, the founder and first medical director of the asylum, who had been a pupil of the great French alienist. Over the outside door-way is a bust of Pinel.

Dr. Caballero is the present medical director or physician-in-chief. He resides in the institution, as do a sub-director and several assistants (including an apothecary).

The total number of cases now in San Boy is nearly seven hundred (700), of whom two hundred and sixty (260) are females. These patients come from various sources. First, private patients of three classes from any part of Spain, though naturally mostly from Barcelona and vicinity. Second, the poor insane of the province of Barcelona, who are paid for by the local government. Third, soldiers from all parts of Spain, under a contract with the general government. Fourth, patients may be sent by any of the provinces.

According to one of the trustees, the actual average cost of maintenance per capita (exclusive of physicians' salaries and interest on capital engaged) is about 75 centimes, or nearly 15 cents per diem.

There are all possible forms of mental diseases here, of course. The percentage of general paralysis is "large." Many epileptics. No female paretic now in the house. Dr. Caballero has seldom seen a case.

One case of hæmatoma auris seen; unilateral, in a paretic.

As many patients are employed as will work. A good many are on the farm, and in the gardens; some in shops. A number of female patients were sewing, washing, and

ironing: not many, however. Probably many patients lack the ability to do any thing useful, besides being unwilling.

The idea of absolute non-restraint is not accepted here, but in practice is approximated. On the day of my visit there was no one in restraint. Camisoles, sheets, and pieces of cloth are employed as means of restraint. Wristlets and anklets are not used. Tying in chairs is not done, and "cribs" are unknown here.

IX. Instituto Frenopatico, situated at Corts de Sarriá, N. E., a suburb of Barcelona. It is owned and managed by Drs. Dolsa and Llorach. The former gentleman received me, and showed me about. Opened in 1867 or 1868.

The "instituto" is nearly as well situated as Nueva Bethlen. The gardens, though smaller, are more open and more free to the patients; the rooms of all manageable patients (who are a majority) opening directly upon gardens in which they may wander, of course under surveillance. The grounds are surrounded by high walls. The rooms are on very much the same plan, and quite as comfortable as those at Nueva Bethlen. The first-class patients eat with the physicians in a separate dining-room. There are billiard and reading-rooms; not much frequented. A room with baths and a variety of douches and sprays was shown; there was an abundance of hot and cold water under proper control. The douches are used for moral and also for strictly medicinal effects. Throughout the building are many piazzas where patients can walk in wet or excessively hot weather.

Noisy and filthy patients are in a separate building, with an enclosed court or "patio." There are here some dozen narrow dark rooms; two of them, which are padded, have deep bunks instead of bedsteads. Quite a number of these patients were tied in bed.

There are one hundred and ninety (190) patients in this

institution; about two thirds males. Many are epileptics with psychical symptoms.

The attendants appeared kind and intelligent.

Dr. Dolsa considers general paralysis as now much more frequent than fifteen years ago. He would give at 20 % or 25 % the proportion among his admissions. Has seen some three hundred paretics, and recalls only two or three female cases; none now in the house. He is of the opinion that the chief cause of the increase of paresis is the greater intellectual strain and the fierce competition now required in the struggle for existence. This theory he thinks applies well to the province of Catalonia, all the more as he does not think that there has been *much* increase in the consumption of alcoholic beverages.

Dr. Dolsa has never tried non-restraint, and does not believe it to be either practicable or desirable.<sup>1</sup> There are cases in which mechanical restraint is imperative, and it causes less irritation and anger on the patient's part than restraining by hands.

No case of hæmatoma. Dr. Dolsa considers this lesion as evidence that the ear has been pulled or boxed, though he admits that very rarely it may arise spontaneously.

Before leaving Barcelona I sought an interview with Dr. Rafael Rodriquez Mendez, Professor of Hygiene in the University, and for several years (until last year) Medical Director of San Boy. His conversation was fully as interesting and instructive as Dr. Giné's.

Dr. Mendez thought that nearly 20 % of all cases at San Boy were paretics. Has seldom seen the disease in a female. He considers alcoholism to be the chief and best demonstrated cause of general paralysis; syphilis comes next in

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<sup>1</sup> Drs. Dolsa and Llorach in their description of the institution and prospectus published in 1874, are still more outspoken. "Non-restraint, considered from the point of view it is represented, is an absurdity." "The practice of non-restraint must be illusory if not highly pernicious and criminal" (!). pp. 8 and 9.



importance. Such conditions as anxiety, overwork, grief, etc., he would relegate to the rank of uncertain and unimportant causes. He recognizes the great increase of paresis within the last ten years, and considers this increase to be as marked in the country as in cities. Sexual excesses are not a cause of general paralysis, but may be of tabes. Myelitis is rather common in Spain; hysteria is frequent and severe. Within the last eight years has twice known public church ceremonies held in Barcelona in cases of demoniac hysteria; the patients being brought to church to have the Evil One exorcised. Chorea not very common and seldom severe. Is fully satisfied with results of arsenic treatment (which he carries out in thorough style).

Dr. Mendez does not think that any of the Spanish statistics of insanity are reliable. He gave me a copy of his pamphlet on the subject, and further on I give an abstract of it.

VALENCIA.—The phrase “the first shall be last,” is sadly illustrated in the history of the asylum of this city. Here in 1409, with the most philanthropic and God-serving intentions, was opened the first asylum of Western Europe, organized by the efforts of Joffre Gilaberto, of the order of our Lady of Mercy. It was patronized by King Don Martin I. Dr. Desmaisons<sup>1</sup> admits the creation of this pioneer institution under the immediate influence of charitable Catholicism, but also, and very justly, points out the fact, that in Cairo and in Fez asylums for the insane had existed for one or more centuries, and as the members of the Order of Mercy had for their chief object the relief and ransom of Christian prisoners in Mussulman countries, they thus were likely to have known of these “infidel” charities. The building having been greatly damaged by fire, the in-

<sup>1</sup> *Op. cit.*, p. 41, *et seq.* This historical sketch is taken from Desmaisons. He did not see this institution, or any south of Barcelona.

stitution was reorganized and annexed to the general hospital of Valencia in 1512. This seems to have checked its course of development and progress. As will appear from the notes of my visit, it is now a blot upon the fair name of Spain, and a surviving specimen of mediæval cruelty in the midst of our modern human development. It ought to be reformed radically, and at once.

X. "El manicomio de Jesus" is situated on a flat piece of land only one kilometre south of the city, beyond the gate of San Vincente. Formerly the insane occupied a part of the Provincial Hospital within the town, but twenty-two years ago the patients were removed to the present building, an altered convent.

The physician-in-chief, Dr. Juan Ortiz Company, a very courteous gentleman, who speaks a few words of French, entered the asylum as "interne" twenty-two years ago, and has thus been in the new buildings since their completion. He admires Marcé's work on insanity, and has visited only the asylums at Barcelona.

The building is exceedingly plain; built in pavilion style, so combined as to form a double quadrangle, one for each sex. All the rooms, day-rooms and dormitories are dark and dreary, but perfectly clean. There are a few rooms for private patients. Airing-courts or "patios" much too small. No grounds. The parts reserved for epileptic, violent, and filthy patients were very bad. The kitchen, clothes-rooms etc., under the care of Sisters of Charity, were good and neat. Nothing of value could be learned of the forms of insanity. There were many epileptics, and Dr. Company estimated that among his men he had five per cent. or six per cent. of cases of general paralysis, and three per cent. (?) among the women. From this statement and others, I inferred that the diagnosis of paresis was not here understood. There seems to be no special treatment carried out.

There are five hundred and thirty (530) inmates, of whom some three hundred and thirty (330) are males.

Restraint is greatly abused here. Indeed, this asylum takes the lead in this matter, and is a century behind the age. Camisoles and ordinary muffs, wristlets etc., were employed, but there was something worse. This was an iron belt, made in two segments connected behind by a hinge, and closing in front by a nut and screw; the belt is two inches wide and one eighth inch thick. On either side, screwed by a rivet, is a single oval chain link, two inches long, supporting a manacle or bracelet of the same iron as the belt (a trifle less wide), opening with two hinges and closed also by a screw and nut. The bracelets give play for the arms (in semi-flexion, as the wrists are kept at waist) only on a radius of some three inches. And to cap the climax, these iron parts are not lined or protected in any way. The apparatus weighs from four to five pounds. Many of these were in use on male and female patients, and there were others hung up in a store-room. During our visit, a number of the patients came forward, half holding out their hands, begging piteously to be released. The good doctor smilingly replied, "Yes, by and by," or "Yes, to-morrow." The most astounding part of this barbarity was Doctor Company's satisfaction with the irons, and his assurance that they were "so secure." He showed me how they were managed, and took considerable trouble to procure me permission from the general authorities to take one away with me "as a model," which he supposed I would introduce to a grateful circle of alienists in America.

But the worst thing of all, a thing almost incredible at the present day, was the way in which the filthy demented patients were *herded* (and that is a mild word). In one long, narrow, dismal room, I found between thirty and forty women squatting nearly naked on a wooden platform, about

six by twenty-five feet, and raised one foot from the floor. On this platform was straw, and on this sat, or kneeled, or sprawled, or squatted, these women, with only a coarse shift, open in all directions, exposing to view wrinkled and dirty arms, backs, bosoms, etc. Some were howling, others moaning, some singing, many rocking to and fro. They were so crowded as almost to touch one another. On the other side of the same hall, a yard away perhaps, was another wooden, raised, sloping platform, extending the whole length of the room, covered with straw and corn husks. Upon this the wretches were to lie down side by side to pass the night. A bad-looking man had charge of this crowd, assisting a woman. No doubt sometimes extra muscular strength was required. The filthy male patients were treated in much the same manner, only they were allowed to go about their "patio," some with irons on. They, like the women, had almost no clothing, and like them they slept promiscuously on straw.

In these and other departments I noticed patients with bare extremities visibly suffering from the cold; it was a damp, chilly air, and I was glad of my winter underclothing, and a heavy autumn overcoat. Dr. Company said of these unfortunates, in a half apologetic way, that they were perfectly demented and unconscious. He added that restraint was always ordered by himself or his assistants.

I must confess that my blood boiled at these sights in a civilized city, in an asylum founded for humane purposes, and for so many years leading the world. Had I been able to speak Spanish or had Dr. Company understood French well, I should certainly have told him exactly what I thought. As it was, I could only swallow my painful indignation, and smile or bow.

I saw no hæmatoma auris.

In this, as in some other asylums in Spain, the patients

take their meals according to the old conventional way; *i. e.*, narrow tables arranged near the walls, the patients sitting only on one side next the wall, thus leaving the whole interior of the room for the service. Not a bad plan as regards watching and serving, but a dismal one for the patients.

Intercurrent diseases quite rare; only three patients in the infirmary.

There is no opportunity for farm-work, and only a few patients assist in the labors of the household. No trace of diversion or amusing occupation in-doors.

XI. MALAGA.—About three miles from the centre of the town, to the westward, across the rio guadal Medina, on quite a hill commanding a beautiful view of the sea-coast and city, is a small convent more than three hundred years old. Its single "patio" is surrounded by some dozen most elegant arabesque columns of white marble, and in its centre is a single-stone well-curb, deeply grooved by the friction of ropes, for centuries. Yet the place is wretched; the rooms small, dismal, and out of repair. There is no ground whatever outside, and the patients can only exercise by walking in this "patio," or in a perfectly bare sort of yard adjoining the men's quarters. This asylum is within the jurisdiction of the hospital, which is a mile nearer the town—quite a fine modern structure, built after the plan of Lariboisière, in Paris, and well appointed. There is no resident physician (I think).

There are now fifty (50) inmates; more than half males. This number is believed to include all the insane in Malaga (?)—(94,000 inhabitants).

Many are now "discharged cured," as I saw in the books shown me by the intendant. Some years ago, when, by a special contract, the insane of Malaga were sent to the asylum of San Baudilio, at Barcelona, very few were saved. The sea-voyage killed some.

There are neither means of occupation nor amusement for the patients.

Restraint moderately used. There is only one apparatus of iron in the house, which was on a "furious" patient at the time of my visit. He had on anklets of iron, joined by a chain, like a galley-slave. Usually, the camisole and soft-leather manacles are employed. The patients seemed depressed and untidy, though the building itself was clean.

XII. GRANADA.—An old convent, built by Ferdinand and Isabella, has long been used as a *manicomio*. It offers wretched accommodations; dismal rooms, small stony airing-courts, horrible cells for violent patients. However, the worst cases were not inhumanly treated as at Valencia.

Dr. Enrique Guerrero Ortega is the visiting physician; no resident. He sees the patients once a day, and gives clinical instruction to a few students. There are no regular lectures on insanity at the university.

There were one hundred and fifty-seven (157) patients in the place; ninety (90) males and fifty-seven (57) females. For the male patients there were two attendants and a "chief," or superior, in each of the two divisions. On the female side there were a number of Sisters of Charity; and they also had charge of the economy of the house.

Not much could be learned of the forms of insanity. There were many epileptics; and it was stated that there were only five or six (?) cases of general paralysis. Dr. Ortega considers alcoholism as the chief cause of paresis. Religious melancholia, with erotic excitement, frequent. He told me of a case of nymphomania, with dementia, cured by cold douches to the spine, and monobromide of camphor. It is said that there are some cretins in the region round about Granada, but I saw none.

Restraint, apart from isolation in cells, was not much used. There were no chairs, or iron manacles, etc.

Leather ones and camisoles were used. I saw no hæmatoma.

Dr. Ortega seemed fully aware of the shortcomings of his "asylum," and he criticised freely the parsimony of the provincial government with respect to the insane. He has all the insane of Granada, (67,300 inhabitants), and a few from Malaga.

Dr. Ortega, besides showing me every possible courtesy, gave me a copy of the recent official report on insanity (*vide infra*).

XIII. CÓRDOBA.—An old convent is appropriated to the use of male patients, while the females are housed in a part of the general (provincial) hospital near by. These insane are two in a room, or alone.

There is no resident physician. Dr. Luis Fuentes visits the two sections every day. Not finding the doctor at his house, I was obliged to go through the institutions with the Sisters in charge.

There are here thirty-two (32) male and twenty-seven (27) female patients; a total of fifty-nine (59), which is thought to include all the insane of the city, and province of Córdoba (population of the city alone is 42,000).

In a conversation with Dr. Fuentes, later in the day, he complained bitterly of the buildings and general management. He expressed the hope that before long a special asylum would be erected for two or three adjacent provinces. In spite of difficulties, he claimed some cures of simple forms of mania and melancholia. He could give me no definite data as to general paralysis; its diagnosis was evidently uncertain.

There were very few patients in restraint. One, a furious woman, was tied down in bed. The means of restraint are, however, barbarous; unlined iron wristlets and anklets are employed. Saw one room fitted up in ante-Pinel style:

near a bed made on the floor of a dismal cell was a chain riveted to the wall; its other end was to be fastened to the iron anklets of a patient. This under good Sisters of Charity!

XIV. SEVILLA has no separate building for its insane. They are lodged in several altered wards of the Provincial Hospital (*h. de las cinco Llagas*) on the northern outskirts of the city—a huge building erected in part during the reign of San Ferdinand. There is more or less open country behind the hospital, but it has no “grounds.” The rooms are for one or two patients, poorly lighted, closed by a heavily bolted door with a small grated window. Some of these rooms are suggestive of cages for wild beasts. There is one large dormitory, which accommodates fifteen or twenty quiet patients. The courts or “patios” are small and cheerless.

The physician in charge of these wards, Dr. José M. Baca Santiago, visits the patients daily, in the same manner as other visiting physicians. Several internes look after the service at other times. Dr. Santiago expressed himself in strong terms as to the inadequacy of his wards, and the want of grounds. He has only seen one other asylum, viz., that of San Baudilio at Barcelona.

There were at the time of my visit seventy-seven (77) male and fifty-one (51) female patients; a total of one hundred and twenty-eight (128), which the physician thought included all the evidently insane in the city and province of Sevilla (population of city 118,000).

The attendants seemed few in number but kind, especially the women.

Not much seems to be attempted here in the way of classification and study of cases. There were many cases of erotic melancholia and mania, often associated with religious ideas. There seemed to be little general paralysis;



but it was impossible to estimate their number or to learn any thing about it because of loose notions as to its diagnosis. There were many epileptics with various mental symptoms. Some, much dreaded by the staff, were dangerous after their seizures.

Treatment seemed *nil*. Indeed, Dr. Santiago expressed his disbelief in medicinal treatment. He would use occupation, diversion, and moral treatment in general, if he had the means and space.

Restraint was moderate in amount and humanely done. No male was in restraint at the time of my visit; several women were isolated in cells, and two tied in chairs (the only ones seen in Spain). Restraint is usually by camisoles; but soft leather wristlets and anklets, as well as a broad strap for the body (for confinement to bed), are also employed. Restraint is applied by attendants, but the internes see how it is done. The gentlemen of the staff were much surprised when I mentioned the irons I had seen in other cities of Spain. No hæmatoma auris.

XV. CADIZ.—“Casa de los dementes.” This is an extension of the convent of Santa Catalina, in the chapel of which are the celebrated Murillos, including the altar-piece upon which the painter was at work when he fell and sustained fatal injuries. It is a wholly inadequate building, very dreary, with heavily barred cells, and is crowded. There are two visiting physicians: Dr. Henrique Rocafuel, and Dr. Carlos Borgia. The former gentleman very kindly showed me over the asylum, and also took me to the hospital and school of medicine. In the asylum there is also a resident physician.

There were one hundred and seventy-four (174) patients, about two thirds males. As usual there were many epileptics. (Cadiz has 71,500 inhabitants.) Nothing learned of general paralysis.

Restraint is rather too freely used; it is done by means of camisoles, leather wristlets, and I regret to add some iron manacles. No hæmatoma seen.

TOLEDO.—Hospital provincial de Inocentes, commonly called "El Nuncio." Although I was in Toledo, circumstances prevented me from visiting the asylum, and I was unable to make a second visit for the purpose. I owe the following details to the courtesy of the medical director, Dr. Fernando Sanchez y Mercander, who very kindly answered my letter of interrogatories, as follows:

1. The asylum was founded in 1493, by the Papal Nuncio, Cardinal Francisco Ortiz.

2. There are now in the asylum sixty-five (65) inmates, forty-two (42) males and twenty-three (23) females.

3. There are five (5) male attendants, two (2) female nurses, and besides six (6) Sisters of Charity.

4. General paralysis occurs in the proportion of 7 % of all admissions. Would estimate at 4 % its prevalence among females.

5. In Dr. Sanchez' opinion the most potent cause of general paralysis in Spain is excessive cerebral activity, more especially in the shape of intellectual exertions.

6. Restraint is employed in very few cases; many days pass without any one being restrained. Camisoles and belts are used, and the latter are so devised as to leave the arms partly free and the hands wholly so.

7. Nurses are permitted to apply the camisole at their discretion, but this is closely watched by the medical director.

8. Doubts if the English system of non-restraint would be practicable with the class of patients he has.

I may add that this asylum receives many patients from Madrid, which is less than three hours' distance by rail. It probably has, besides, nearly all the insane of Toledo, whose population is 17,600.

## DOCUMENTS AND STATISTICS.

Apart from what is to be found in Spanish books and pamphlets relating to the history of hospitals and other charities, very little has been written about the insane.

Few travellers have visited Spanish asylums and have made public their impressions. It is singular that John Howard in his celebrated work on prisons and hospitals<sup>1</sup> in 1791, makes no mention of asylums in Spain: he simply refers to certain rooms allotted to the insane in the general hospitals of Madrid and Cadiz; and this after having made extended observations upon asylums of various countries.

Dr. Desmaisons, medical superintendent of the asylum of Castel D' Andorte, near Bordeaux, visited the hospitals and asylums in the north of Spain in 1858-9. His pamphlet of 177 pages was published in Paris in 1859, was written chiefly to answer a circular of the then Spanish Minister of the Interior, Don José de Posada Herrera, calling for plans and proposals for a "model" insane asylum to be erected near Madrid. Dr. Desmaisons writes in a diffuse sort of way, and his essay is mainly valuable for historical data. He only gives the number of patients in asylums he visited; there are no purely medical observations in the work; and as he did not see the worst Spanish asylums, he is unable to give any thing like a complete picture of the condition of the insane.

A French physician, Dr. Rey, has visited asylums in South America, Spain, and Portugal, and has placed his observations on record.<sup>2</sup>

Dr. Donald Frazer has also published some notes on Spanish asylums.<sup>3</sup>

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<sup>1</sup> "An Account of the Principal Lazarettos in Europe." Cited by Dr. Desmaisons, p. 33.

<sup>2</sup> REY: Notes sur quelques asiles de l'Amérique du sud, de l'Espagne, et du Portugal. *Annales Médico-Psychol.*, Sept., 1876, p. 236.

<sup>3</sup> On Spanish Asylums. *Journal of Mental Science*, 1879-80, vol. xxv.

These essays I have not had the opportunity of reading.

I only know of the following recent Spanish publications on the subject.

1. *Dr. Don Pedro Maria Rubio. Estadística de las dementes que existare in España é islas adjacentes, desde 1846 á 1847, formada por el excelentísimo, Señor Don Pedro Maria Rubio, con los datos oficiales que se le han facilitado por el Ministerio de la Gobernacion del Reino.* Madrid, 1848. The statistics of this report, together with various ministerial orders upon the subject, were published in the *Gaceta de Madrid*, for Oct. 7, 1848. I know its substance by citations made in the following :

2. *Memoria acerca del resultado que ofrece la estadística de los manicomios ; censo de poblacion acogida en ellos durante el año económico de 1879-80.* Madrid, 1880. This paper is signed by Señor Don Cástor Ybanez de Aldecoa, Director-General of Charities and Health.

[I am indebted to Dr. Ortega, of Granada, for a copy of this report].

3. *Dr. Rafael Rodríguez Mendez. Estadística de los Manicomios Españoles (año económico de 1879 á 1880).* Barcelona, 1880. This essay contains little that is original, or of strictly medical interest. It is a re-statement of the conclusions of the official report (No. 2), and a correction of some errors of calculation contained therein.

The only valuable part of these publications is the census of Dr. Rubio. It may have been quite incomplete, especially as it is stated that it was made up from "datos oficiales," and not after a special or personal canvass. However, he estimated the total number of insane in Spain, which had never been done before, and has not been attempted since. I quote from the citation—the official report of 1880.

Dr. Rubio found that the confined insane were distributed in the following institutions:

Four buildings having the special attributes of asylums.

Thirty-two general (provincial) hospitals.

Ten hospices, or houses of refuge.

Two infant asylums or foundling asylums.

Fourteen public jails.

Two penitentiaries (*casas galeras*).

One convent of monks.

One presidio (state prison where labor is enforced).

The number of insane he found to be:

|  | Men.  | Women. | Total. |
|--|-------|--------|--------|
| Insane in above institutions . . . . . | 912   | 714    | 1,626  |
| “ kept in their families . . . . .     | 3,148 | 2,077  | 5,225  |
| “ whose sex is not stated . . . . .    |       |        | 426    |
| Total . . . . .                        |       |        | 7,277  |

[Dr. Desmaisons omits these patients unclassified as to sex, and thus makes Dr. Rubio estimate the number of in-

## ERRATUM.

On page 407, in the eleventh line from the bottom, for “six” read “.6”

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... and royal orders issued, looking to a serious and intelligent reform; but the frequent political revolutions which have since distracted the kingdom have naturally prevented their realization. The only results which followed were the withdrawal of insane from jails, etc., and their aggregation in provincial asylums and hospitals; the authorization of several private asylums; and

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<sup>1</sup> *Op. cit.*, p. 36.

First, a table showing the number of insane of both sexes who were in asylums and hospitals at the close of the year 1878-'80, (month not given).

| Institutions.                                     | Men.  | Women. | Total. |
|---|-------|--------|--------|
| Badajoz (Mérida), Provincial Asylum . . . . .     | 84    | 28     | 112    |
| Baleares (Palma), Provincial Asylum . . . . .     | 32    | 28     | 60     |
| Barcelona, Dept. of Hospital Santa Cruz . . . . . | 177   | 136    | 313    |
| " Private Asylum of Nueva Bethlen . . . . .       | 59    | 43     | 102    |
| " " of San Baudilio . . . . .                     | 378   | 247    | 625    |
| " " at Corts de Sarriá . . . . .                  | 69    | 37     | 106    |
| Cádiz, Provincial Asylum . . . . .                | 96    | 73     | 169    |
| Córdoba, Dept. of Provincial Hospital . . . . .   | 27    | 21     | 48     |
| Gerona, Provincial Asylum . . . . .               | 31    | 22     | 53     |
| " Private Asylum, Lloret de Mar . . . . .         | 9     | 1      | 10     |
| Madrid, Government Asylum at Legañez . . . . .    | 125   | 72     | 197    |
| " Private Asylum at Carabanchel-Alto. . . . .     | 24    | 16     | 40     |
| " " at Ciempozuelos . . . . .                     | 25    |        | 25     |
| Málaga, Dept. of Provincial Hospital . . . . .    | 23    | 12     | 35     |
| Murcia, " " " " . . . . .                         | 30    | 23     | 53     |
| Oviedo, Provincial Asylum . . . . .               | 23    | 21     | 44     |
| Salamanca, " " " " . . . . .                      | 40    | 25     | 65     |
| Sevilla, Dept. of Provincial Hospital . . . . .   | 45    | 28     | 73     |
| Soria, Provincial Asylum . . . . .                | 3     | 2      | 5      |
| Teruel, " " " " . . . . .                         | 46    | 44     | 90     |
| Toledo, " " " " . . . . .                         | 33    | 19     | 52     |
| Valencia, " " " " . . . . .                       | 294   | 165    | 459    |
| Valladolid, " " " " . . . . .                     | 308   | 155    | 363    |
| " Private Asylum of Dr. Rodriguez . . . . .       | 22    | 5      | 27     |
| Zaragoza, Provincial Asylum . . . . .             | 244   | 154    | 398    |
|   | 2,366 | 1,424  | 3,790  |

Of these 3,790 "insane," nearly nine per cent. are epileptics.

As remarked, the "census" is of very little use. However, by comparison with the census of 1848, certain interesting suppositions may be made. For example, in the enumeration we calculate that of the 7,277 in Spain, only  $22\frac{1}{3}\%$  were in institutions. If now we assume the same proportions to have existed in 1880, as there were then 3,790 patients in institutions, the total number of insane in Spain may have been not far from 17,000 ( $.223 : 100 :: 3,790 : 17,000$ ).

The population of Spain in June, 1880<sup>1</sup> being 16,638,938, the proportion would be very nearly one insane per one thousand inhabitants, which is still far below the proportions in "civilized countries."

Second, a table exhibiting a "classification" (sic) of the insane in various institutions.

| Classes.                    | Men.  | Women. | Total. |
|-----------------------------|-------|--------|--------|
| Tranquil patients . . . . . | 1,110 | 566    | 1,676  |
| Semi-tranquil " . . . . .   | 442   | 268    | 710    |
| Violent " . . . . .         | 218   | 170    | 388    |
| Filthy " . . . . .          | 238   | 203    | 441    |
| Epileptic " . . . . .       | 216   | 117    | 333    |
| Unclassified " . . . . .    | 142   | 100    | 242    |
|                             | 2,366 | 1,424  | 3,790  |

Third, a table purporting to give the number of "cures" in the five years ending in 1880.

|   | Men.  | Women. | Total. |
|---|-------|--------|--------|
| Cured after less than one year of treatment . . | 654   | 336    | 990    |
| " " more than one year and less than five . .   | 297   | 160    | 457    |
| " " " " five years and less than ten . .        | 48    | 20     | 68     |
| " " " " ten years . . . . .                     | 16    | 12     | 28     |
|   | 1,015 | 528    | 1,543  |

What is remarkable in this showing, if its data are reliable, is the number of tardy cures; insanity being seldom recov-

<sup>1</sup> Dr. Mendez, *op. cit.*, p. 9.

ered from after five years. This is, however, useless for calculations, because the total admissions for the period of five years are not stated.

Fourth, a table giving the number of re-admissions in the same period.

|                                       | Men. | Women. | Total. |
|---------------------------------------|------|--------|--------|
| Re-admitted within one year . . . . . | 99   | 52     | 157    |
| “ “ “ and less than five . . . . .    | 76   | 36     | 112    |
| “ after five years . . . . .          | 28   | 15     | 43     |
|                                       | 203  | 103    | 306    |

It would thus appear that only about 25 % were re-admitted; which, of course, would not, by any means, include all the relapses, as many such cases would be retained at home, etc.

#### CONCLUSIONS.

1. The number of insane persons in Spain. I have already (p. 409) made a calculation of the total number of insane that there may have been in 1880. In the asylums which I visited I found an increase of population, as shown in the following table:

| INSTITUTIONS.                                   | 1880. |        |        | 1883.  |
|---|-------|--------|--------|--------|
|   | Men.  | Women. | Total. | Total. |
| Barcelona, Hospital Santa Cruz . . . . .        | 177   | 136    | 313    | 300+   |
| “ San Baudilio . . . . .                        | 378   | 247    | 625    | 700—   |
| “ Corts de Sarria . . . . .                     | 69    | 37     | 106    | 190    |
| Cádiz, Casa de dementes . . . . .               | 96    | 73     | 169    | 174    |
| Córdoba, Dept. of Provincial Hospital . . . . . | 27    | 21     | 48     | 59     |
| Granada, Provincial Asylum. . . . .             | 119   | 47     | 166    | 147    |
| Madrid, Government Asylum at Legañez . . . . .  | 125   | 72     | 197    | 200    |
| “ Private Asylum at Carabanchel . . . . .       | 24    | 16     | 40     | 60     |
| Málaga, Dept. of Provincial Hospital . . . . .  | 23    | 12     | 35     | 50     |
| Sevilla, “ “ “ “ . . . . .                      | 45    | 28     | 73     | 128    |
| Valencia, Provincial Asylum . . . . .           | 294   | 165    | 459    | 530    |
| Zaragoza, “ “ “ “ . . . . .                     | 244   | 154    | 398    | 430    |
| [Toledo, “ “ reported by letter] . . . . .      | 33    | 19     | 52     | 65     |
|   | 1,654 | 1,027  | 2,681  | 3,033  |



Thus, in thirteen asylums which in 1880 contained 2,681 inmates I found 3,033; an increase of 13 per cent. in less than three years.

If we suppose that this represents an equal increase in the total number of insane in the kingdom, there would be (on the same basis as the former calculation) about 19,000 insane altogether. I do not believe this to be true, because it seems to me much more likely that the increased asylum population in both enumerations (1880 and 1883) was much more due to greater readiness on the part of families to send their insane to institutions for treatment, and to greater care in collecting the pauper insane, than to a positive increase. If one may hazard a guess in such an important matter I would place the total number of insane in Spain at the present time, at not more than 15,000. This would include cretins, idiots, and many simply weak-minded epileptics and paralytics.

2. The question of general paralysis, or paresis. In the absence of classification and statistics not much can be said of the prevalence and recent increase of this fearful disease. The percentage of cases was most variously estimated by different physicians.

Dr. Galceran, of Barcelona,        2 % to 4 %.

Dr. Sanchez, of Toledo,    about 7 % to 4 % (in women!).

Dr. Pi y Molist, of Barcelona,    8 % to 10 %.

Dr. Esquerdo, Jr., of Madrid,    8 % to 10 %.

Dr. Mendez, of Barcelona, nearly 20 %.

Dr. Dolsa, of Barcelona,    from 20 % to 25 %.

These conflicting estimates are not so very different from those we find in books, and hear specialists of other countries express.

What is more interesting, is the emphatic testimony of the experienced physicians above named, that general paralysis has greatly increased within fifteen years. As to

the causes of the affection and of its increase they expressed themselves as follows: Dr. Galceran blamed alcoholism; Drs. Dolsa and Sanchez think the cause is excessive intellectual exertion caused by the greater competition of modern life; Dr. Mendez considers alcoholism and syphilis to be the chief causes; Dr. Giné, while recognizing alcoholism as a predisposing cause, thinks that the anxiety and mental strain attending the increasingly severe struggle for existence is the chief cause.

3. The state of psychiatry in Spain. If we except perhaps half a dozen, the physicians I found in charge of the insane had but little knowledge of the subject, and were apparently unable to recognize general paralysis in its early stages, or in its peculiar forms. They were, almost without exception, unable to read the large and invaluable literature of insanity which is German or English; and beyond a vague and sceptical knowledge of "non-restraint" they knew nothing of the admirable management of the insane in countries beyond France. Several of these gentlemen read French and had a fair knowledge of its psychiatric literature up to ten years ago. Never had I so fully realized how men of industry and talent may be baffled in their work, and made to appear ill-trained by the want of *modern* linguistic knowledge. More especially is it true of this specialty in medicine, which since the days of Pinel has progressed almost equally by contributions in the three great modern tongues.

Many of the physicians I met had never been out of Spain, and had, consequently, never seen with their own eyes the practicability of non-restraint, the wonderful influence of occupation, etc., so well shown in English and Scotch Asylums.

In only a few universities is clinical instruction in mental disease given to medical students.

An association of alienists does not exist, so that these gentlemen have no opportunity of comparing means and results, and of exchanging ideas. Each one (with few exceptions) goes on alone in his routine work, ignorant of what his Spanish *confrères* are doing, and also of what is being accomplished and planned in other countries. Dr. Giné, who is a distinguished exception to the above criticisms, has invited physicians of asylums and others interested in psychiatry to hold a meeting or reunion at his asylum, Nueva Bethlen, in September next. Prizes are offered for essays on certain subjects, and a general discussion will doubtless take place. This may prove the beginning of a medico-psychological association, which would, indirectly, perhaps, prove of great and lasting benefit to the insane of Spain. I hope that this meeting will prove a success, and that it will be followed by results which shall reward its large-minded and generous originator.

4. The buildings. No very special fault is to be found with the best private asylums except this: in none of them are the violent and filthy patients treated with enough patience and humanity. They are in worse quarters than are the poorest patients in many public institutions; in dismal dark rooms, with small, perfectly cheerless airing-courts. In this matter, I think that improvement should soon be made, as it simply needs a few more attendants, and more vigilance on the part of the physicians. In reality, these unfortunates need more *active* care, and should have it, than the quiet, orderly patients. The general management of the private asylums is fairly good; especially to be praised is the proximity of gardens and pleasant "patios." In none of them, however, are the reunion rooms for male patients attractive and cheerful. It would be invidious, and is unnecessary, to compare the various private asylums, but I cannot help remarking that, consider-

ing the class of patients it is intended to receive, and the price asked for board, the asylum at Carabanchel is poorly equipped; it almost needs re-building and furnishing.

The provincial asylums are all bad; several unfit to receive any but criminals. Indeed, until the new institution at Zaragoza is opened, Spain cannot be said to have one proper provincial asylum.

The government asylum at Legañez is not as bad, but still it is far from what it should be.

The following are some of the most striking faults in these public institutions:—

*a.* Want of ground, of large gardens or farm-land. Consequently, it is almost impossible to occupy the inmates and to give them proper exercise.

*b.* Small size and utterly cheerless aspect of the airing-courts or yards ("patios"). Some of these are unfit for human use.

*c.* Absence of attractive (warmed, for Northern Spain) reunion rooms or parlors. Want of materials for amusing or instructing patients.

*d.* Want of sufficient extent of buildings to allow of classification and separation of patients. Many of the airing-courts now almost resemble Kaulbach's celebrated cartoon.

5. The management. I did not inquire into the questions of food and general economy, but simply observed the management of patients. It seemed to me to be kind, as a rule, but very imperfect. The physicians and patients were on friendly terms. I detected no signs of hatred of nurses on the patients' part, and the evidences of humane intentions were all around me. I was unfavorably impressed, however, by the prevalent notion that many patients were "utterly demented," unconscious of comforts or discomforts, and indifferent to their surroundings. This false idea led to much unintentional neglect and harshness.

Another idea incompatible with progress was the fear which the attendants (and apparently some of the physicians as well) had of violent patients. That such a patient was very furious, very dangerous, etc., was an exceedingly frequent apology for isolation in dungeon-like rooms, for tying down in bed during the day as well as night, and for the use of other means of restraint,—yet it might be difficult to convince the physicians that ceasing the use of restraint would diminish the “fury” wonderfully, as demonstrated by Pinel nearly one hundred years ago.

Nowhere was a systematic attempt made to employ patients. In some asylums a few are employed in the laundry, kitchen, etc. (at San Baudilio I was pleased to find quite a number of inmates gardening and farming). Of course in private asylums the feelings or notions of patients and their families must be consulted in this respect; but occupation for the insane does not necessarily mean manual labor. This is perhaps best, but there are many things which can be given to ladies and gentlemen to do in-doors, which will pass the time, and demand some concentration of the attention, or something objective and tangible. Even for pauper patients *valuable* productive labor is not what is needed; it is the labor itself, the physical exercise, the effect on attention, and the sedative action of fatigue which are sought by the alienist; so that labor which the administrative head of an asylum would smile at, is of as much importance, medically, as the steady, valuable work of some of the patients.

Amusements. In the private asylums there were reading- and billiard-rooms, but I saw no one using their contents. One reason was the unattractiveness of the rooms, but the most important cause was indifference on the part of physicians and attendants; it seemed no one's business to induce the patients to read, play games, and be sociable.

Lectures and theatricals were rarely given. The public asylums had no sort of amusement provided. The life of their inmates was one long monotonous, idle, cheerless existence—enough to cause dementia in a sane person.

6. Restraint. On re-writing my memoranda I am struck by the moderate use of mechanical restraint in Spain. Of course the provincial asylum of Valencia is an exception: its barbarous practice ought to be wiped out very soon. In many of the asylums there were very few patients restrained on the day of my visit, and that by the milder means, such as the camisole, or soft leather manacles or wristlets. Though I saw one wall-chain, and a number of iron manacles, I did not find one "crib." I must add that if I compare the impression made upon me by seeing the Spanish restraint (always excepting Valencia), and that produced by seeing a nearly naked, urine-stained woman struggling like a caged wild beast in a "crib" at the asylum at Danvers, Mass., in March, 1880, I am obliged to admit that the latter was the more painful, the more revolting sight of the two. And, if we remember the amount and nature of the restraint employed in asylums in the eastern part of our country prior to the recent agitation for asylum reform, we will not feel so very superior to our Spanish *confrères*. Dr. Giné's opinion that non-restraint is a noble ideal to be aimed at all the time, is a more advanced view than most of our asylum superintendents would have accepted five years ago. And the opposite opinion of Drs. Dolsa and Llorach, that non-restraint is absurd, and may be highly pernicious and criminal, would, I venture to assert, please more than one of our alienists.

It seems to me, from the generally benevolent management of the patients, and the naturally kind disposition of Spaniards, that non-restraint, in a general and practical way (if not in an absolute sense), will be the rule in Spanish asylums before a generation has passed.

In connection with this I might state that I saw only two (2) cases of hæmatoma auris, though I looked about sharply.

Is it proper for a stranger and a passing observer to offer any suggestions for reform? I may be allowed to do so, because I am not a hostile or prejudiced critic in this case.

In the much-lamented fact that Spain has no worthy public asylums, I see an opportunity for much more complete and rapid reform than has been possible in other civilized countries, burdened as they were (and are still) by costly "tolerable" establishments which it would have been waste to pull down, and yet which barred the way to progress. How much we in America suffer from this evil, as embodied in "palatial asylums," more especially! Every thing is to be done for the poor insane of Spain, and it may be well done from the start.

It seems to me that the following movements for reform might be begun simultaneously.

a. To make a special and actual census of the insane of the kingdom—separate lists to be made of idiots and cretins on the one hand, and of epileptics on the other. The mass of simply foolish, helpless paralytics (hemiplegics mostly), which are now included under the term "dementes," should be excluded. The enumeration should, of course, be made on one day, simultaneously, throughout Spain. Upon the data thus obtained, making allowance for the probable increase of insanity in the next thirty years, plans for asylums might be intelligently prepared.

b. New buildings will have to be erected, and this is a question involving many problems, and provoking many conflicting views. I would suggest the following general plan:—

1. To build in every principal centre of population a small thoroughly-appointed *hospital* for acute cases. It

might be designated in Spanish, "Hospital de Enagenados."<sup>1</sup> The meaning of the term acute cases should be further defined as including all simple forms of insanity; the psychoses, which are usually curable; and other cases in which the diagnosis is for a time uncertain, or in which it is hoped that treatment may cause remissions or intermissions. On no account should such an institution be crowded with cases of general paralysis, on the pretence that they are "acute cases." These hospitals would be relatively costly, in order that nothing in the way of foods, medicines, hygienic and moral treatment should be wanting. For is not a curable insane, who may continue a useful citizen for years afterward, as deserving of as expensive treatment as a man who breaks his leg, or contracts a pneumonia? It has always seemed to me that this view of the case was not correctly appreciated as a matter of political economy and of ethics. With the *curative* idea embodied in the name and practice of such institutions, the people of the city and surrounding country would soon be educated to sending their insane for early treatment; thus greatly increasing the chances of cure. As the salary of a *competent* resident physician, or medical superintendent, would be a considerable item of expense, it might be well, for small hospitals, either to have a visiting physician and a resident pupil, or to allow the medical superintendent to practice outside the hospital.

2. To erect, in a few accessible localities, large asylums, or "casas de dementes." Perhaps four or six would at present suffice for all Spain. The new institution at Zaragoza might be one of them, though it is much too expensively built.<sup>2</sup> The buildings should be very plain, of great extension, and (as now is the rule) of only two stories, one

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<sup>1</sup> The present title of the Toledo asylum.

<sup>2</sup> Yet, unless altered in some of its parts, it will be unfit for a hospital for curable cases.



to be used solely at night. Each institution shall have a large farm with its stock, workshops of various kinds. The "patios" should be shaded and pleasant. These asylums might be made to receive from 500 to 2,000 of the chronic insane. As all the cases admitted would be incurable (upon any unexpected indications of improvement,<sup>1</sup> patients would receive special attention, or be sent to one of the hospitals), there would be no medical objection to such large numbers, while from an administrative point of view there would be the advantage of extreme economy. The population of these asylums would include cases of primary and secondary dementia, of systematized mania or monomania, of general paralysis (just as soon as the diagnosis became certain), and of epilepsy. After awhile the outdoor or shop labor of the inmates would prove remunerative, as it has done in many asylums,<sup>2</sup> and the patients might be paid a trifle to enable them to procure extra comforts.

3. To erect two special institutions for the training, education, and guardianship of idiots (not young demented) and cretins. One of these schools might be in the north, another in the south, of Spain.

4. One or two special asylums for insane criminals will be necessary in time, as it is manifestly unjust and unwise to mingle these lunatics, or quasi-lunatics, with others.

c. Young physicians, if possible such as have served as internes in general hospitals, should be sent on a tour of study in France, England, and Germany. These gentlemen would doubtless be made very welcome everywhere in their search after knowledge. They would return with a fair reading knowledge (at least) of the three languages,

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<sup>1</sup> See table 3, p. 409.

<sup>2</sup> At the asylum of Rome all the cloths used for clothing (including uniforms of attendants), shoes, etc., are made in the asylum by patients who are paid a little and have bank accounts.

with a practical belief in the practicability of non-restraint, and with a fund of valuable ideas relative to the employment and amusement of patients, to the medico-legal relations of the insane, and to more purely medical and scientific points. If the States or provinces, or benevolent individuals, defrayed the expenses of these travelling scholarships, it would be only just to require the incumbents to bind themselves to serve the insane for a given number of years after their return.

Quite a small number of men thus educated, would exert an extraordinary influence on the progress of psychiatry in Spain. They would train attendants, educate other physicians, infuse life into the specialty, and in many ways confer great benefits upon the nation.

*d.* The physicians who are now in charge of asylums, should, in justice to their patients, and to themselves, enlarge their knowledge and experience. They, nearly as well as the young men, can learn to *read* the modern languages if they will ; and many of them can visit asylums outside of Spain. They can also co-operate in a medico-psychological association.

*e.* Lastly, some supervision or inspection of the asylums becomes necessary. This might be done by means of medical inspectors reporting to some department of the government ; or, perhaps better, by means of the English plan, of a Board of Commissioners in Lunacy, with critical and advisory privileges, but not executive powers.